

NEW JERSEY HIGHWAY AUTHORITY

VENDOR REGISTRATION

FORM



We are establishing a new vendor database. The purpose of this Registration Form is to acquire current information about your firm which includes data required by Federal and State regulations. This information will also be used by the Central Purchasing Division to solicit quotations, bids and proposals. Completion of this form will enhance your opportunities to do business with us and expedite future payments.

PLEASE RETURN WITHIN 30 DAYS!!!

New Jersey Highway Authority

Central Purchasing Division

P.O. Box 5050

Woodbridge, New Jersey 07095-5050

(732) 442-8600

INSTRUCTIONS FOR COMPLETING VENDOR REGISTRATION FORM

The following information relates specifically to each entry of the Vendor Registration Form appearing on the adjacent page.

1. Provide your firm's legal name and address. For a proprietor this would be the firm's full name. For corporations, this would be the name as registered with the Secretary of State where incorporated. In addition, please provide in the indicated area any "Trade Name" or "D/B/A" under which you may be operating.
2. Enter the Taxpayer Identification Number for the entity identified in Section #1. Corporations must enter their Federal Employer Identification Number and check the box marked "FID#". If the registrant does not have a Federal Identification Number, the Social Security number of a principal of the firm should be entered and the box marked "SS#" should be checked.

FAILURE TO COMPLETE SECTIONS 1 & 2 WILL RESULT IN THE DEDUCTION OF "BACKUP WITHHOLDING TAX"

3. Enter the main telephone and FAX numbers for the business.
4. Check a type of organization. For corporations, include state of incorporation.
5. Indicate in this section the address you would like payments mailed to. Identify the name and title of any individual that we may be able to contact with questions pertaining to any invoice sent by your firm. In addition, please provide the appropriate phone number(s).
6. Indicate in this section the name and full address of the location(s) where your firm would like to receive Bids and Requests for Proposals. If the same as Section #1, write "SAME"; otherwise complete as instructed.
7. If applicable, please provide this information in the event you must be contacted due to an emergency during other than normal business hours for the acquisition of goods or services.
8. Please consult the enclosed commodity directory and list in this section those goods and services that your firm can supply to the Authority. Select only the relevant code(s). Be advised that failure to respond to two consecutive solicitations for a particular good or service will result in the removal of your firm's name from the mailing list for the applicable commodity.
9. "Self-Explanatory"
10. "Self-Explanatory"
11. This information is required by State Statute (N.J.S.A. 52:25-24.2) as it applies to advertised Bids and Proposals. Without such disclosure, the Authority is prohibited from awarding any order/contract to your firm. Set forth the names and addresses of all stockholders in the corporation or partnership who own 10% or more of its stock, of any class or of all individual partners in the partnership who own 10% or greater interest therein. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership shall also be listed. The disclosures shall be continued until names and addresses of every non-corporate stockholder and individual partner exceeding this 10% ownership criteria has been listed. Further, it is the vendor's responsibility to notify the Central Purchasing Division in writing of any changes to this listing.
12. This section certifies the accuracy of the information supplied on the registration form, the eligibility of the applicant to do business with the Authority, and that all transactions for which invoices will be submitted have been performed in compliance with all applicable Federal, State and Local laws.

This registration form **must** be signed by an authorized individual who represents that the information submitted is with the full knowledge and consent of the registrant entered in Section #1.

VENDOR REGISTRATION FORM

New Jersey Highway Authority

Return completed form to:

NEW JERSEY HIGHWAY AUTHORITY
CENTRAL PURCHASING DIVISION
P.O. Box 5050
Woodbridge, New Jersey 07095-5050
Phone (732) 442-8600 Ext.# 6320

NOTE! Please read the instructions to assist you in completing this form. All items must be answered to allow us to process your information. **Please type or print in ink.**

1. FIRM'S NAME AND ADDRESS

Firm: _____
T/A or D/B/A _____
Street Address _____
City _____
State / Zip Code _____

2. TAXPAYER IDENTIFICATION NO.

____ SS# or ____ FID#

3. TELEPHONE NUMBER:

REG. () _____
FAX () _____

4. TYPE OF ORGANIZATION

(check one box only) ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION _____
State of Incorporation

5. REMITTANCE ADDRESS (if different than mailing address; otherwise write "SAME".)

Name: _____
Street Address _____
City _____
State / Zip Code _____

REMITTANCE CONTACT

NAME _____
TITLE _____
PHONE # () _____
FAX# () _____

6. SUPPLEMENTAL ADDRESSES (if different than mailing address; otherwise write "SAME".)

BIDS AND REQUESTS FOR PROPOSALS

Name: _____
Street Address _____
City _____
State / Zip Code _____

NAME _____
TITLE _____
PHONE # () _____
FAX# () _____

Please check if Contact is authorized to sign bids and contracts on behalf of your firm ☐

OTHER ADDRESS

Name: _____
Street Address _____
City _____
State / Zip Code _____

NAME _____
TITLE _____
PHONE # () _____
FAX# () _____

If more than 2 Other Addresses or Contacts, please attach a list.

7. EMERGENCY SERVICES

Does your firm offer 24 hour/day - 7 day/week emergency service? ☐ Yes ☐ No

Contact _____ Phone () _____
Title _____ FAX # () _____

PLEASE COMPLETE SECOND PAGE

VENDOR REGISTRATION FORM *(continued)***8. CODING FOR GOODS OR SERVICES PROVIDED BY YOUR FIRM:**

Select from the Commodity Code Directory those goods or services which your firm provides.

Enter the corresponding codes in the space provided below. If additional space required, please attach a list.

COMMODITY CODE	COMMODITY CODE	COMMODITY CODE	COMMODITY CODE

SIZE OF BUSINESS**9. AVERAGE NUMBER OF EMPLOYEES FOR
PRECEDING 4 CALENDAR QUARTERS:**

➤ _____

**10. AVERAGE ANNUAL SALES OR RECEIPTS FOR
PRECEDING 3 FISCAL YEARS:**

➤ \$ _____

OWNERSHIP OF BUSINESS

- 11.** List below the names and addresses of all individuals, partnerships, corporations or any other owner with 10% or greater interest in the firm named in "Section 1" of this registration form. If additional space is necessary, list on an attached sheet. If there are no owners with 10% interest in your company, enter "NONE" below.

NAME	ADDRESS (Street, City, State, Zip Code)

- 12. CERTIFICATION** I, being duly authorized, declare and certify that any bill submitted to the Authority will be correct in all its particulars; that the articles will have been furnished or services rendered; that no bonus will be given or received by any person or persons within my knowledge; that any amount stated therein will be justly due and owing; and that any amount charged will be a reasonable one. I further certify that the information supplied here (including all attached pages) is correct and that if any information on this registration form should change, I will formally notify the NJHA within 5 days of such change. Finally, I certify that: (Check all appropriate boxes.)

___ Neither the registrant nor any person (or concern) in connection with the registrant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by an Agency of Government from bidding for contracts to furnish labor, materials, supplies and/or services.

___ The registrant will comply with the New Jersey Conflicts of Interest Law (P.L. 1971, Chapter 182.)

___ (For foreign and out-of-state corporations) The registrant has been authorized to do business with the State of New Jersey by filing the Corporation's Certification of Authority with the New Jersey Secretary of State.

NAME & TITLE OF AUTHORIZED SIGNER	AUTHORIZED SIGNATURE
TYPE OR PRINT	
Name: _____	_____
Title: _____	Date: _____